

## CERCLA REMOVAL ACTION DAILY WORK ORDER

## DAILY WORK ORDER

RESPONSE LOCATION (SITE NAME  
AND/OR ADDRESS AND ZIP CODE)

CONTRACT NO.

ORDER NO.

DATE

SHIFT

SITE/SPILL NO.

EPA REGION/USDG DIST.

ON-SCENE COORDINATOR

CONTRACTOR

CONTRACTOR RESPONSE MANAGER

1.

MONITOR(S)

2.

DESCRIPTION OF WORK TO BE PERFORMED

54 H MTG W/CROW  
 CNTU DONTAG Sumps  
 CNTU CAG Sumps  
 CNTU ORGANS & STRAG RP COWP  
 AMING T&D PICKUP OF ROLL OFFS FAL FCI

## NUMBER OF PERSONNEL AUTHORIZED

...1... SUPERVISORS

...1... FOREMAN

...1... OPERATORS

...7... LABORERS

...2... OTHER (SPECIFY) PCT, CM SM

4.

## EQUIPMENT AND EXPENDABLE MATERIALS AUTHORIZED

ITEM	QUANTITY	ITEM	QUANTITY
Same as Prev.			

I CERTIFY THAT THE ABOVE WORK IS ORDERED AND  
AUTHORIZED BY THE CONTRACTOR IN THE PER-  
FORMANCE OF THE ABOVE CITED DELIVERY ORDER.

I ACKNOWLEDGE RECEIPT OF THIS WORK ORDER.

SIGNATURE OF OSC

SIGNATURE OF CONTRACTOR'S REPRESENTATIVE

AMENDMENTS (INCLUDE TIME AND AUTHORIZING PERSON)

SIGNATURE OF OSC

SIGNATURE OF CONTRACTOR'S REPRESENTATIVE

ORIGINAL

443087

